

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 4, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of BDF LLC, d.b.a. Chasers, 140 North 12th Street requesting a class CK liquor license.

Barry Franzen, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Franzen will be omitted as the Council has approved him on previous liquor application.

Mr. Franzen will complete the required training on December 11th, 2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

RECEIVED
APR 1 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
	<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☒ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Barry Franzen Phone number: 402-560-3327

Firm Name BOF, LLC

PREMISE INFORMATION

Trade Name (doing business as) Chasers

Street Address #1 140 N. 12th Street

Street Address #2 _____

City Lincoln, NE County Lancaster Zip Code 68508

Y Premise Telephone number 402-438-4615

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Chasers c/o Barry Franzen

Street Address #1 140 N 12th St. Lincoln, NE 68508

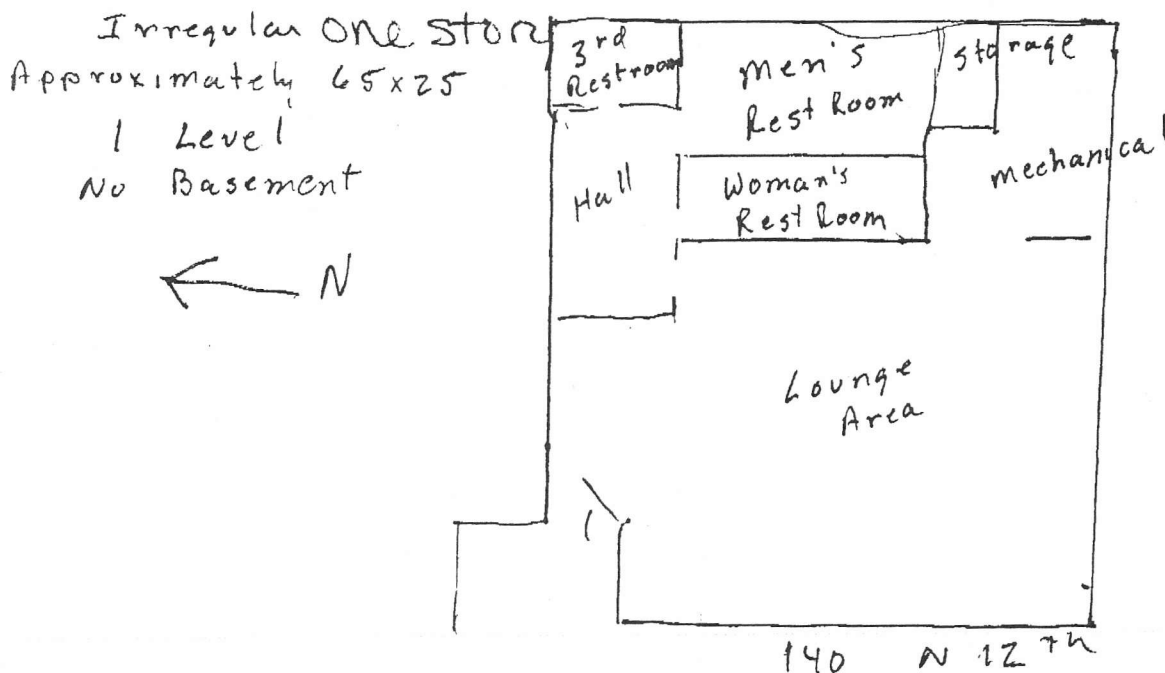
Street Address #2 _____

City _____ State _____ Zip Code _____

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms



APPLICANT INFORMATION

READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

If yes, give name of business and license number Chaser's Lounge 77387

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Cattle Bank Cattle National Bank

Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

^{National}
Cattle Bank Barry Franzen and Kevin Reynolds

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

BOF, LLC dba Libations & The Grand Room, 317 S. 11th, Lincoln, NE
License

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Barry Franzen	7/1/02 & 6/05	Responsible Hospitality, Lincoln, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date 5/31/2012
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? 11/12/08

15. What will be the main nature of business? Liquor & Beer Sales and Off-Site Catering

16. What are the anticipated hours of operation? 4:00 pm - 1:00 am M-F, Saturday 11:00 am - 1:00 am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE (IF APPLICABLE)				
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM TO
Barry Franzen, Lincoln, NE	1999	2008		
Kevin Reynolds, Lincoln, NE	Birth	2008	Tami Reynolds	1973 2008

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Brian D. Franzen
Signature of Applicant

Kevin Reynolds
Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Spouse

X Tami Reynolds
Signature of Spouse

Signature of Spouse

Signature of Spouse

Signature of Spouse

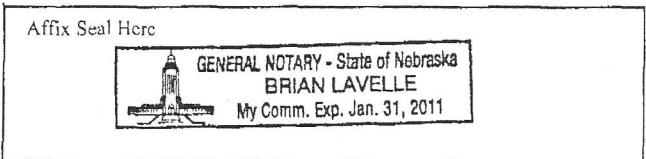
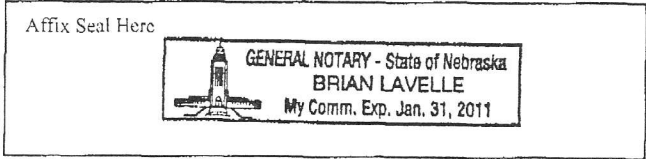
State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 11-7-08 by
Brian D. Franzen & Kevin Reynolds
[Signature]
Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before me this 11-7-08 by
Tami Reynolds
[Signature]
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Barry D. Franzen

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

BDF, LLC

LLC Address: 140 N. 12th

City: Lincoln, NE State: _____ Zip Code: 68508

LLC Phone Number: 402-770-7659 Fax Number _____

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Franzen First Name: Barry MI: D.

Home Address: 830 S. 10th #8 City: Lincoln, NE

State: NE Zip Code: 68508 Home Phone Number: 402-560-3327

Barry D Franzen

Signature of Contact Member

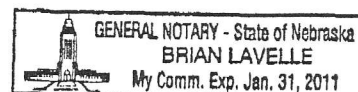
County of Lancaster

The foregoing instrument was acknowledged before me this Barry D Franzen 11-7-08 by

[Signature]

Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Franzen First Name: Barry MI: 0

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: REYNOLDS First Name: Kevin MI: 0

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Tami S. Reynolds

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Reynolds First Name: Tami MI: S

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Kevin D. Reynolds

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

Benny D. Zanger

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED



10000 MEMBERS OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte
P USA 077095129

Sumame / Nom / Apellidos

FRANZEN

Given names / Prénoms / Nombres

BARRY DEAN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Sex, Sexe, Sexo Place of birth, Lieu de naissance, Lugar de nacimiento

M

NEBRASKA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

05 Jan 2004

Authority / Autorité : Autoridad

Seattle

Date of expiration / Date of expiration / Fecha de caducidad

Passport Agency

04 Jan 2014

Amendments / Modifications / Enmiendas

See Page 24

P<USAFRANZEN<<BARRY<DEAN<<<<<<<<<<<<<<<<
0770954891USA5209141M1401040<<<<<<<<<<<<D6

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
DEC 2 2 2003
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

PHS-796 (VS)
REV. 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

52 024322

BIRTH No. 126

1. PLACE OF BIRTH a. COUNTY Phelps		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Holdrege		c. CITY (If outside corporate limits, write RURAL) OR TOWN Bertrand	
c. FULL NAME OF HOSPITAL OR INSTITUTION Brewster Hospital		d. STREET ADDRESS (If rural, give location) Box 217	
3. CHILD'S NAME a. (First) Barry b. (Middle) Dean c. (Last) Franzen			
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) F-652
7. FULL NAME a. (First) Paul b. (Middle) Franzen c. (Last) White			
8. AGE (At time of this birth) 33 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Cosad, Nebraska	11a. USUAL OCCUPATION / Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Ruth		b. (Middle) Anna Marie c. (Last) Fastenau	
14. AGE (At time of this birth) 29 Yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) Smithfield, Nebraska	
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Paul Franzen-mother		16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 1 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
I hereby certify that this child was born alive on the date stated above at 10:12 a.m.		18a. SIGNATURE <i>Ronald W. Jones</i>	
18b. ADDRESS Holdrege, Nebraska		18c. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
20. DATE RECD BY LOCAL REG. Sept 20 52		21. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>	
		19. MOTHER'S MAILING ADDRESS Mrs. Paul Franzen Box 217 Bertrand, Nebraska	

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

07/13/2007

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA—DEPARTMENT OF HEALTH Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH ¹²⁶⁻R-543

70 09476

CHILD—NAME FIRST MIDDLE LAST			DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR
1. Kevin Derrell Reynolds			2. 12-15-70		3. 10:53A M.
SEX 4. Male			THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 5. Single		COUNTY OF BIRTH 6. Lancaster
CITY, TOWN, OR LOCATION OF BIRTH 7. Lincoln			INSIDE CITY LIMITS (SPECIFY YES OR NO) 8. Yes		HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 9. St. Elizabeth Community Health Center
MOTHER—Maiden Name FIRST MIDDLE LAST			AGE (AT TIME OF THIS BIRTH) 10. 36		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 11. Omaha, Nebraska
6a. Esther Marie Pieratt			7a. Nebraska		8a. 931 F Street
RESIDENCE—STATE 7a. Nebraska			COUNTY 7b. Lancaster		CITY, TOWN, OR LOCATION 7c. Lincoln
FATHER—NAME FIRST MIDDLE LAST			AGE (AT TIME OF THIS BIRTH) 12. 34		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 13. Umatilla, Florida
8a. Richard Eugene Reynolds			9a. 34		10a. Umatilla, Florida
INFORMANT—NAME OR SIGNATURE 14. Mrs. Richard Eugene Reynolds			RELATION TO CHILD 15. Mother		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 16. May 15 1970		ATTENDANT—M.D., D.O., OTHER (SPECIFY) 17. M.D.
18a. Signature of Certifier 18a. W.P. Heidrick M.D.			18b. 130 Lakewood, Lincoln, Nebraska		DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 19. JUN 8 1970
20. Signature of Registrar 20. [Signature]					

CERTIFIED COPY OF BIRTH RECORD

Birth No.	Name of Child		Date of Birth
341	Tami Sue Lieske		
Place of Birth			Sex
Shakopee, Scott County, Minnesota			Female
Name of Father	Age of Father	Color or Race of Father	Birthplace of Father
Kenneth Lee Lieske	31	White	Minnesota
Maiden Name of Mother	Age of Mother	Color or Race of Mother	Birthplace of Mother
Sandra Kay Slothower	31	White	Nebraska
Usual Residence of Mother			Date of Filing
321 East First Ave. Shakopee, Scott County, Minnesota			June 1, 1971

STATE OF MINNESOTA,) DISTRICT COURT, I, Hugo P. Hentges
County of Scott) ss. First Judicial District Clerk of the District Court in and for the County and State

aforesaid, do hereby certify that the above is a complete and correct copy of the birth record as appears in Birth Record M
page 475, section 2, of the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand

Hugo P. Hentges

Clerk of the District Court

and affixed the seal of said court at Shakopee,

Minnesota, this 16th day of August, 19 72

By Rosanne J. Johnson Deputy

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED
NOV 20 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Tami S. Reynolds

Signature of spouse asking for waiver
(Spouse of individual listed below)

Tami S. Reynolds

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

11/7/08

date

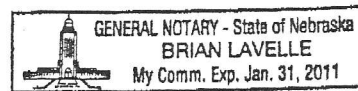
[Signature]

Notary Public signature

The foregoing instrument was acknowledged before me this

by Tami S. Reynolds
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Kevin Reynolds

Signature of individual involved with application
(Spouse of individual listed above)

Kevin Reynolds

Printed name of applying individual

State of Nebraska

County of LANCASTER

11/7/08

date

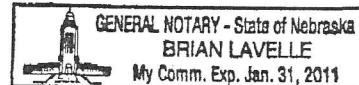
[Signature]

Notary Public signature

The foregoing instrument was acknowledged before me this

by [Signature] Kevin Reynolds
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED
NOV 17 2006
NEBRASKA LIQUOR CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: BDF, LLC

Premise information

Premise License Number: _____

Premise Trade Name/DBA: Chasers

Premise Street Address: 140 N. 12th

City: Lincoln, State: NE Zip Code: 68508

Premise Phone Number: 402-438-4615

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:

☒ MALE

☐ FEMALE

Last Name:

FRANZEN

First Name:

BARRY

MI:

D

Home Address (include PO Box if applicable):

830 So. 10th St #8

City:

Lincoln

State:

NE

Zip Code:

68508

Home Phone Number:

402-560-3327

Business Phone Number:

402-438-4615

Social Security Number:

Drivers License Number & State:

Date Of Birth:

Place Of Birth:

Holdrege, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name:

First Name:

MI:

Social Security Number:

Drivers License Number & State:

Date Of Birth:

Place Of Birth:

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln NE	1999	2008			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	Present	Wells Fargo	Self	434-6118
2006	2007	Mountain Pac. Inc	Tom Harder	303-210-7015

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

BDF, LLC

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of LANCASTER

County of _____

The foregoing instrument was acknowledged before me this 12th day of November, 2008 by

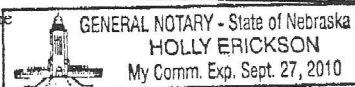
The foregoing instrument was acknowledged before me this _____ by



Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here